

Gavi, the Vaccine Alliance, is a public-private partnership that helps vaccinate half the world's children against some of the world's deadliest diseases. Since 2000, Gavi has helped to immunise a whole generation – over 981 million children – and prevented more than 16.2 million future deaths, helping to halve child mortality in 77 lower-income countries. Gavi also plays a key role in improving global health security by supporting health systems and funding global stockpiles for Ebola, cholera, meningococcal and yellow fever vaccines. After two decades of progress, Gavi is now focused on protecting the next generation, above all the zero dose children who have not received even a single vaccine shot.

Preamble

On 5 May 2023, the World Health Organization (WHO) declared that COVID-19 is no longer a Public Health Emergency of International Concern. The pandemic left an unprecedented impact on national health systems and set back decades of progress on women's, children's and adolescents' health, as well as on prevention and eradication of communicable diseases. In 2021 alone, 25 million children globally have missed out on at least one vaccination¹. In the 57 Gavi-supported countries, the number of zero dose children – those who have not received even a single basic vaccine and face multiple deprivations – increased to 12.5 million².

Alongside these effects on routine immunisation programming, the COVID-19 crisis revealed significant challenges for pandemic prevention, preparedness, and response (PPPR). During the most acute phase of the pandemic, some governments leveraged their resources to hedge against unknowns and ordered large volumes of COVID-19 vaccine doses in advance, negatively impacting timely access to these vaccines for populations of lower-income countries. Similarly, other forms of nationalism – such as export restrictions imposed by key producing country governments – had negative impacts on the flow of global vaccine supply³.

Gavi's key recommendations for WHA76 deliberations

As climate change, rising humanitarian needs, and other emergencies are further exacerbating inequity and limiting access to health services, Gavi strongly recommends countries to prioritise routine immunisation as it is one of the most efficient and cost-effective health interventions with the greatest reach to strengthen resilience of society, health systems and people. By bringing most households into contact with health systems, routine immunisation serves as a powerful platform to co-deliver other primary health care (PHC) services to advance Universal Health Coverage (UHC). At the same time, routine immunisation plays a crucial role in preventing outbreaks and future pandemics while laying the infrastructure for effective vaccine delivery during health emergencies. More specifically, Gavi encourages Member States and partners to:

Item 13.1 Universal Health Coverage

- **Prioritise reaching zero dose children – those who have not received even a single dose of any basic vaccine – and missed communities with routine immunisation services**, to ensure they get access to the full range of health services, and to support delivery infrastructure and resilient health systems that enable early detection and effective response towards health threats.
- **Leverage routine immunisation as a platform to build resilient PHC systems** as a cornerstone of UHC and as a pathway to reach the most vulnerable communities. Routine immunisation can serve as a useful platform to co-deliver other PHC services and thus promote equity.
- **Ensure that health workers, including community health workers, are appropriately compensated**, and are granted safe and decent work conditions with adequate protections including **gender sensitive workplace policies** that ensure equal pay and protect female health workers from sexual harassment and exploitation.

¹ UNICEF. 2023. [State of the World's Children 2023: For every child, vaccination.](#)

² Gavi. 2023. [Facts & Figures.](#)

³ https://www.gavi.org/sites/default/files/covid/covax/COVAX_Key-Learnings-for-Future.pdf

- *Ensure participatory governance and a coordinated whole-of-society approach for UHC*, especially by including **civil society and communities** in national policy dialogues to foster trust and make the health system more transparent and accountable.

Item 15.1 Strengthening the global architecture for health emergency preparedness, response and resilience

- *Support* the adoption of a **WHO convention, agreement or other international instrument on PPPR** and amendments to the **International Health Regulations** underpinned by the principles of international cooperation, multilateralism and inclusion of civil society, local communities and humanitarian partners.
- **Harmonise** the various PPPR and global health security architecture reform initiatives to allow for effective, coordinated, agile, and efficient PPPR efforts.
- **Prioritise meaningful country and civil society engagement in global health architecture reform** to ensure inclusivity and accountability.
- *Ensure* any dose donation mechanism for PPPR, including the Pathogen Access and Benefit Sharing System (PABS) proposed under the zero draft of WHO CA+, **enables equitable distribution of pandemic-related vaccines**, respecting the following principles:
 - Donations should consist of doses, **made available at the same time to all countries**, that are safe, effective and have adequate shelf life to be practically deployable in a low-income or fragile setting.
 - All negotiating parties should **consider either increasing the 20% pandemic-related product allocation proposed under the PABS or take the 20% proposed allocation as the bare minimum percentage possible to partly address equity challenges**.
 - In the case of the latter, all negotiating parties must at least **commit to a progressive increase of such percentage** based on the nature of the pandemic, public health risk and the needs of priority populations according to the epidemiology of a given pandemic.
 - **Lead agencies and mechanisms specialized on diagnostics, vaccines or treatment, should be part of the benefit sharing system** and play a key role on the distribution of medical countermeasures alongside WHO.
- *Commit* to maximising collaboration across all relevant agencies to **improve supply chain networks**, both for **vaccine production and supply prioritization (upstream)** and **vaccine delivery and logistics (downstream)**, so that they are resilient, agile, and adaptable for reaching populations worldwide, particularly hard to reach communities in lower-resource settings.
- *Support* diversified and expanded **regional manufacturing capacity** as a measure to increase vaccine supply security during pandemics, and expand access to other life-saving vaccines, at sustainable, affordable prices.
- *Increase* domestic and international financing for PPPR, and ensure availability of **at-risk contingency financing**, to support surge capacity for a coordinated global response during crises aimed at ensuring equitable access to safe, quality, and effective vaccines for LMICs.
- *Ensure Indemnity and Liability and No-Fault Compensation* mechanisms are linked and only used in exceptional circumstances, with time-bound provisions, to ensure timely supply of pandemic related vaccines to LMICs during a future pandemic.

Item 15.4 Poliomyelitis

- **Fully finance and implement** the Global Polio Eradication Initiative (GPEI) Strategy 2022-2026, including the strengthening of gender responsiveness as a key factor for achieving polio eradication.
- **Promote and accelerate the transition** of essential polio and broader immunisation functions by integrating polio-funded assets into existing national health systems.
- *Leverage* the **contributions of civil society partners** to advance strategies on polio eradication, transition and integration, including by building capacity and supporting their efforts at subnational levels.